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Under the Paperwork Reduction Act of 1995 no persons are required to resonned to a collection of information unless it displays a valid OMB control out when Complete if Known Effective on 12/08/2004. Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/717,336 Application Number EEE TRANSMI November 19, 2003 Filing Date For FY 2005 Kurt M. Vanden Bussche et al. First Named Inventor Tony Glen Soohoo Examiner Name Applicant claims small entity status. See 37 CFR 1.27 1723 Art Unit TOTAL AMOUNT OF PAYMENT 108370 (\$) 250Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check | X | Credit Card | None Other (please identify): Money Order Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **FILING FEES EXAMINATION FEES** <u>Small Entity</u> **Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 Utility 300 150 500 250 100 200 130 Design 100 100 50 65 200 300 160 80 Plant 100 150 500 600 300 300 Reissue 150 250 0 **Provisional** 200 100 a 0 2. EXCESS CLAIM FEES Small I ntity Fee (\$) Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Pald (\$) Extra Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) / 50 = (round up to a whole number) x - 100 = Fees Paki (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 250.00 Other: Fee Codes 1251 One month extension and 1814 Statutory Disclaimer SUBMITTED BY Registration No. 50,513 Telephone 847-391-1520 Signature Date 6/20 24 Name (Print/Type) Arthur E. Gooding

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